

Putting the Pillars into Practice

Using MCFVRE

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Why do we need this framework?

The current Maine statute requires information to be provided in these areas.

M

Medical conditions of Alleged Incapacitated Person (AIP) that produce functional disability

- ▶ Sec. 5–303(b) requires a medical or psychological exam of AIP
- ▶ Sec. 5–303(a) requires petitioner to file plan showing how AIP's medical needs will be met

C

Cognitive abilities of AIP

- ▶ Sec.5–303(b) requires doctor's report to describe AIP's "mental" limitations.
The UPC {Sec.5–306 (1)} phrases this as "cognitive" limitations and I think this is what is meant by the Maine Code's term: "mental".

F

everyday Functioning of the AIP

- ▶ Sec. 5–303(b) also requires doctors report to describe AIP's functional limitations

V

Values and preferences of the AIP

- ▶ Sec. 5–312 (a) (3) makes it a duty of the guardian to consider the AIP's personal values in decision making. The UPC is in accord. {Sec. 5–314(1)}

R

Risk and level of supervision of the AIP

- ▶ Sec. 5–310–A(a) provides that the court may appoint a temporary guardian to prevent “serious, immediate and irreparable harm” to the AIP.
- ▶ Sec. 5–304(b) allows appointment if necessary to provide “continuing care and supervision” of the incapacitated person.

E

what means exist to
Enhance the capacity
of the AIP

- ▶ Sec. 5–304(a) allows appointment of a guardian only where the AIP's adaptive limitations makes it necessary.

Having a similar language to be used by all involved in the process

- ▶ Petitioner (or attorney)
- ▶ Alleged Incapacitated Person (or attorney)
- ▶ Clinicians
- ▶ Register
- ▶ Court Visitor
- ▶ Judge

Use the pillars in formatting of:

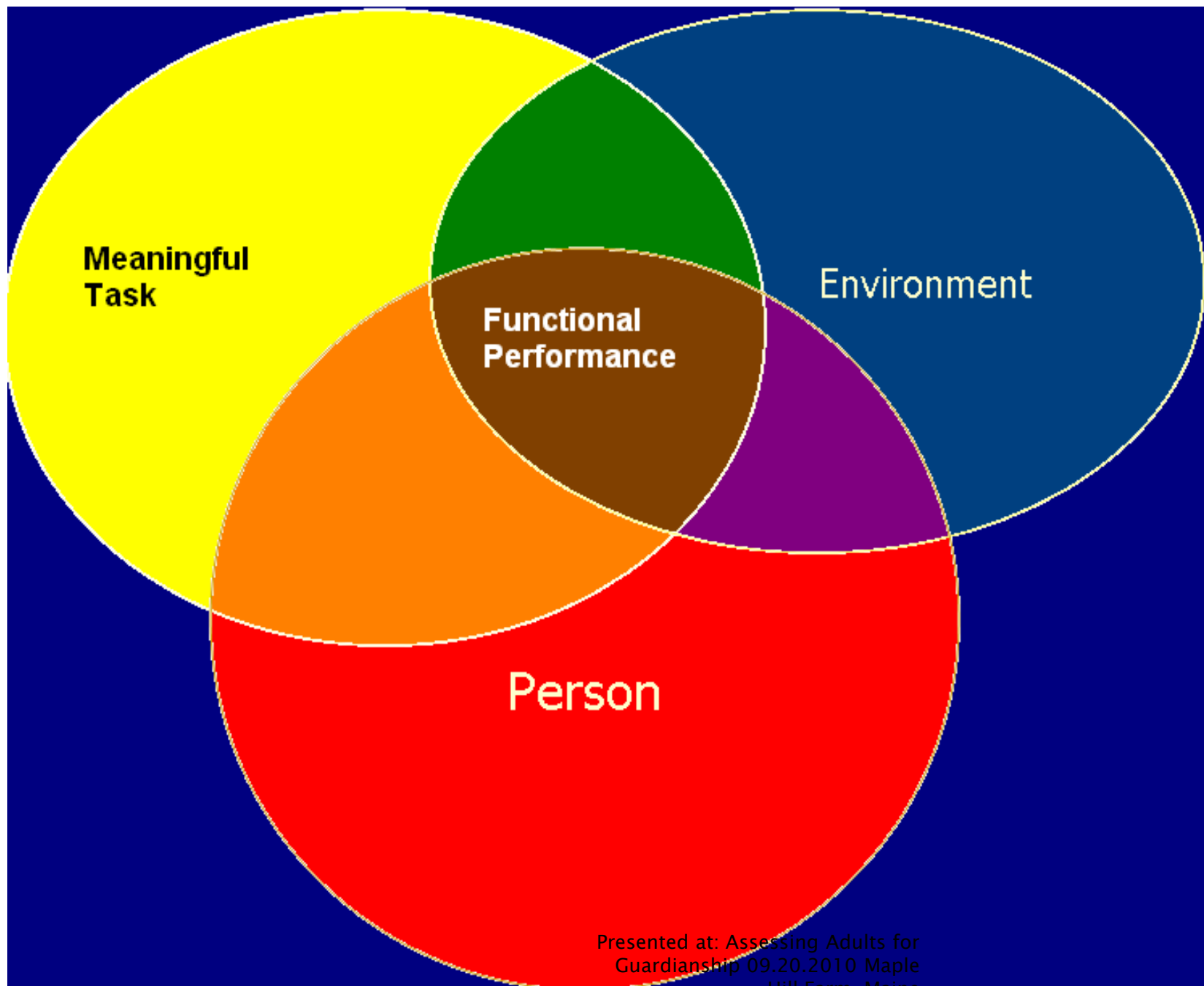
- ▶ Reports
- ▶ Assessments
- ▶ Gathering information tools

Functional Performance

Occurs when:

- ▶ Person's unique functional patterns and components
- ▶ Tasks requirements
- ▶ Environmental factors

ARE WORKING TOGETHER!



Person

Each person
has his/her own *unique* abilities,
patterns and styles of functioning

Such as:

- ▶ Cognitive skills
- ▶ Sensory processing
- ▶ Perceptual processing
- ▶ Physical/motor skills
- ▶ Expressive and receptive communication

Meaningful Tasks

- ▶ How is the task is set up?
(are items in their immediate visual field?)
- ▶ Where is it familiar?
- ▶ Are the tools to be used in the task familiar?
- ▶ The number of steps, are they in sequence?
- ▶ Level of attention required to perform task
- ▶ The pace task is to be performed at

Environment

- ▶ Is it noisy?
- ▶ Poor lighting?
- ▶ Room is too warm?
- ▶ Is it in a familiar environment?
- ▶ Is the language and terms being used familiar?
- ▶ Is their commotion going on around the person?

The MCFVRE

- ▶ **Guides** us to be clear about the information to be gathered
- ▶ **Directs** areas for asking more questions
- ▶ May point out the **need for additional** assessment or for collaboration with variety of clinicians
- ▶ **Guides** report writing to present information in a way that is meaningful to others

Link to 6 Pillars

See handout

Lincoln County case:

- ▶ This case was one done when Judge was beginning to use the MCFVRE model.
- ▶ Court visitor report was done
- ▶ Occupational Therapy assessment was done
- ▶ We also have the final judgment

M

- ▶ CVA, right side weakness (balance impaired)
- ▶ Aphasia (severe in both expressive and receptive language processing)
- ▶ Depression (withdraws when his limitations become known)
- ▶ Narcissistic Personality Disorder(likes to be viewed as important and the center of attention)
- ▶ Dementia (forgets what he is doing)

M

Medications:

- ▶ For prostate condition
- ▶ Lowering cholesterol
- ▶ To treat his anxiety

Issues are:

- ▶ Cannot remember to take his medications
- ▶ Often forget where they are

C

- ▶ Focused attention, often loses track of what he is doing
- ▶ Severe memory loss
- ▶ Inability to anticipate hazards
- ▶ Unable to plan or sequence tasks or activity on his own
- ▶ Difficultly processing verbal information
- ▶ Difficulty expressing he wants to say, tends to rambling in unconnected words

F

- ▶ Has not managed his financial affairs for years (used his verbal skills and charm to get others to help him other)
- ▶ With one step cues he can perform ADL tasks, maybe need a reminder where he is in the task sequence
- ▶ Not able to perform IADL's; shopping, cooking, cleaning, storing personal items, home management

V

- ▶ Likes talking about his past experiences
- ▶ Likes teaching others about the areas of special interests
- ▶ Like walking along the rocky coastline
- ▶ Love the stuff that he has collected form his past life experiences
- ▶ Enjoys being in a social environment where others will listen to him
- ▶ Opportunities to visit locations of interest to him
- ▶ Needs to feel that he is respected for his intelligence

R

- ▶ Wandering
- ▶ Requires cues for the details of ADL
- ▶ Requires 24 hour supervision
- ▶ Requires medications to be given to him and oversight of his physical health
- ▶ Does not accept his limitations

E

- ▶ Follow consistent motor patterns for doing personal care to build procedural memory
- ▶ Keep items of interest in his immediate visual field
- ▶ Consistent daily routine, follow the sequenced order of tasks and activities
- ▶ Support providers have extra time when working with him, can not be rushed
- ▶ Allow him to put his pictures up on walls, use visual cues for communication
- ▶ Opportunities to write and have things to handle

Practice activity

- Pair up with a couple of people around you
- Use a case of your own
- Or we have a case for you to use